

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tanisue Care Home	CHAPTER 100.1
Address: 1615 Hoolana Street, Pearl City, Hawaii 96782	Inspection Date: September 3, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

21 SEP 12 P 3:31
STATE OF HAWAII
HEALTH-0001
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 – Medications were not reevaluated timely by physician between 7/15/20-1/11/21 and 1/11/21-6/14/21.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>21 SEP 20 P 3:33</p> <p>STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES DIVISION OF PROFESSIONAL REGULATION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medications were not reevaluated timely by physician between 7/15/20-1/11/21 and 1/11/21-6/14/21.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Made a checklist and put it on my calendar And resident's folder that when a resident's seeing the physician for more than four months, It will need a physician's order.</p>	<p align="center">9/17/21</p> <p align="right">21 SEP 20 P 3:33 STATE OF HAWAII OFFICE OF THE ATTORNEY GENERAL</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #3 – Initial 2-step TB clearance unavailable for review. Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, Called 5 minutes pharmacy to make an appointment. 2nd step was done Sept. 11, 2021.</p>	<p>Yes 9/11/21</p> <p style="text-align: right;">21 SEP 20 P 3 33 STATE OF KENTUCKY OFFICE OF THE ATTORNEY GENERAL</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #3 – Initial 2-step TB clearance unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I'll refer to my ARCH /Expanded ARCH Admission/Re-admission checklist that all the requirements is completed before admitting Resident in my home.</p> <p>STATE OF HAWAII DEPT-398A STATE LICENSING</p>	<p>9/11/21</p> <p>21 OCT 12 P 3:31</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of valuables unavailable for review. Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Yes, Per each article I updated by putting no changes from the year 2019-2021.</p>	<p>Yes 9/4/21</p> <p style="text-align: right;">21 SEP 20 P 3:33 STATE OF MICHIGAN DEPT. OF HEALTH & HUMAN SERVICES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of valuables unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will use a reminder note and place it where I can see it everyday (resident's folder, magnetic notepad on fridge) to remind myself to update yearly.</p>	<p>9/4/21</p> <p>21 SEP 20 P 3:33</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LIAISON</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #2,4 – Current annual TB clearance unavailable for review. Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">I will use a reminder note and place it on my calendar and resident's folder to remind myself so I don't miss it when its due for their TB clearance.</p>	<p>9/11/21</p> <p style="text-align: right;">21 SEP 20 P3:34</p> <p style="text-align: right;">STATE OF PENN DEPT. OF CORRECTIONS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p>FINDINGS Duration of time taken to complete fire drills performed in 4/2021 and 5/2021 were unavailable for review.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>21 SEP 20 P 3:34</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LIAISON</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Duration of time taken to complete fire drills performed in 4/2021 and 5/2021 were unavailable for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will put a note on my calendar and fire drill folder what to do before and after I conduct my monthly firedrill so I don't miss anything on the fire drill form.</p>	<p>9/4/21</p> <p>21 SEP 20 P 3:34</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LINE</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(i)(ii) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>Type I homes having residents not so certified shall have a sprinkler system installed throughout in accordance with the National Fire Protection Association (NFPA) Standard 13-D, Sprinkler Systems, One and Two Family Dwellings.</p> <p><u>FINDINGS</u> Resident #4 – Physician identified resident as self-preserving on 'Self Preservation Statement', however, physician also identified resident as non-self-preserving on 'Resident Annual Physical Examination Record'. Both documents were signed and dated by physician on 3/16/21. No documented evidence that self-preservation status was clarified and determined with physician. Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I called the resident's physician to get new order for the unclear ordered that was made on 3-16-2021</p>	<p>9/13/21</p> <p>21 SEP 20 P 3:34</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(ii) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>Type I homes having residents not so certified shall have a sprinkler system installed throughout in accordance with the National Fire Protection Association (NFPA) Standard 13-D, Sprinkler Systems, One and Two Family Dwellings.</p> <p><u>FINDINGS</u> Resident #4 – Physician identified resident as self-preserving on 'Self Preservation Statement', however, physician also identified resident as non-self-preserving on 'Resident Annual Physical Examination Record'. Both documents were signed and dated by physician on 3/16/21. No documented evidence that self-preservation status was clarified and determined with physician. Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Made a reminder note to carefully review all physician's orders and after visit summaries after every medical visit</p>	<p>9/13/21</p> <p>21 OCT 12 P 3:31</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (c)(3) The primary care giver shall, in coordination with the case manager, make arrangements for each expanded ARCH resident to have:</p> <p>Visits to the physician every four months or more frequently to ensure adequate medical supervision.</p> <p>FINDINGS Resident #1 – Resident did not attend physician visits every 4 months between 7/15/20-1/11/21 and 1/11/21-6/14/21.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>21 SEP 20 P3:35</p> <p>STATE OF HAWAII DCH-PRO-1 STATE LITIGATION</p>

Licensee's/Administrator's Signature: Clarisa

Print Name: CLARISA TANISUE

Date: 9/17/21

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

21 SEP 20 P 3:35

Licensee's/Administrator's Signature: Clarisa Tanisue

Print Name: CLARISA TANISUE

Date: 10/6/21

STATE OF HAWAII
DHS-CHCA
STATE LICENSING

21 OCT 12 P 3:31